

California Department of Mental health (DMH)
FREQUENTLY ASKED QUESTIONS
Community Services and Supports (CSS) Component
Updated December 13, 2005

- 1. *Mobile Crisis Team Partnership with Law Enforcement – One of the strategies listed in the CSS Program and Expenditure Plan Requirements is a crisis intervention team partnership with law enforcement. Can you describe in more detail what this partnership is like, and since this is a collaborative effort, what costs would be fundable with MHSA funding?***

Mobile crisis teams which pair police officers and mental health professionals are sometimes called Psychiatric Emergency Teams (PET) or Psychiatric Emergency Response Teams (PERT). The key aspect of these teams is that they provide a co-response of both police and mental health staff in emergency situations. These teams respond on-scene to situations involving people with mental illness. Their mission is to screen and evaluate persons with mental illness who come into contact with police and to refer them to the most appropriate service available and in the least restrictive environment possible. Places where police/mental health crisis response teams have been implemented have reported increased police safety, time savings for patrol officers and savings for taxpayers.

All of the mental health costs for staffing and providing new or expanded services are allowable under the MHSA. In addition, costs for training of law enforcement personnel and for evaluation of new or expanded services are also allowable. Costs for the law enforcement officers themselves are not allowable costs and are usually paid for by the law enforcement jurisdiction, consistent with their existing responsibilities. In addition, other costs usually born by law enforcement when responding to police calls, such as police cars, radios, administrative costs, etc. cannot be funded under MHSA.

- 2. *Mental Health Courts – If we want to implement a mental health court in our county for persons with serious mental illness who have criminal justice charges, what costs are allowable for funding under the MHSA?***

Mental health courts are specialized courts for defendants with mental illness. Defendants are offered the opportunity to participate in court-supervised treatment in lieu of typical criminal sanctions. Mental health courts involve customary court staff as well as additional mental health staff. The costs of customary court staff and procedures, such as the judge, the attorneys, the bailiff, etc. are not allowable MHSA costs. Mental health clinicians and case managers who provide and monitor the defendant's treatment are allowable costs for new or expanded services. Some mental health courts also employ a court coordinator or court administrator who functions as a liaison between the court and the mental health system. This position

may include both court functions, and mental health functions such as screening and/or case management. If so, the new or expanded costs attributable to the mental health functions would be an allowable MHSA cost. If there are other positions or costs with blended functions, the new or expanded costs should be allocated, with MHSA funds being used for mental health functions only.

3. *CSS Plan Exhibits – Should counties put exhibits with each program or as appendices?*

Exhibits 1 -3 (Face Sheet, Work Plan Listing, Full Service Partnership Population) provide an overview of the Three-Year Program and Expenditure Plan and should be near the beginning of the plan.

Exhibits 4 and 5 (Program Work Plan Summary and Budget and Staffing Detail Worksheets) are related to each program for which funding is being requested and should be submitted with that program description.

Exhibit 6 (Quarterly Progress Report) may be included with the overview Exhibits (1-3), or as an appendix.

Exhibit 7 is not due until one month after the end of each quarter after the plan approval.

4. *Are 2034 considered Full Service Partnerships?*

Individuals being served in AB 2034 are generally considered as having Full Service Partnerships, provided that the services and supports offered to individuals in these programs meet the criteria on pages 22 and 23 of the DMH Letter 05-05, CSS Program and Expenditure Plan Requirements, dated August 1, 2005 (Requirements).

5. *Would a three-year county plan that provided less than a majority of total funds for Full Service Partnerships be acceptable to DMH assuming that this strategy emerged from the local planning process?*

While DMH encourages counties to use the strategies that emerge from the local planning process, these strategies must meet the requirements contained in DMH Letter 05-05, the MHSA CSS Program and Expenditure Plan Requirements released on August 1, 2005 (Requirements). Page 8 states that DMH requires counties to request a majority (more than 50%) of their total CSS funding for Full Service Partnerships for the three-year planning period. The only exception to this is for small counties, which are required to request a majority of their total CSS funding for Full Service Partnerships in Year Three (FY 2007-08). However, DMH recognizes that counties may need to establish new programs and services and conduct outreach and engagement efforts in order to begin to serve unserved populations, which are priority populations for MHSA funding. Therefore, the requirements also state that services funded from General System Development or Outreach and Engagement funds provided to individuals who have Full Service Partnerships may be counted in achieving the CSS Full Service Partnership funding requirement. This means that counties may estimate the percentage of System Development funds

and Outreach and Engagement funds that will be spent on individuals who will be receiving Full Service Partnerships within the three-year planning period and count those funds in determining the percentage of Full Service Partnership funding over the entire period. The same process is available to small counties in Year Three.

6. *What is the difference between 'Planning Estimates' and 'Planning Funding?'*

The MHSA (Section 5892 (c)) provides the guidance related to 'Planning Funding.' It is five percent of the total amount available for MHSA services. It is intended to support the local stakeholder and planning process. The 'Planning Estimate' is the maximum amount of MHSA funding each county can request through their CSS Program and Expenditure Plan (reference DMH Letter 05-02). It is not an allocation as traditionally used to distribute funds and therefore is not a guaranteed amount for each county. The amount the county actually receives is based on the approved plan.

7. *Can Quality Assurance/Quality Improvement (QA/QI) activities related to MHSA be reimbursed?*

QA and QI may be allowable under MHSA funding provided that such activities comply with the non-supplant policy outlined in DMH Letter 05-04 (services are an expansion of mental health services and were not previously provided or funded with existing state or county funds) and that the activities are intended to support the transformation agenda of the MHSA. For programs that already have QI/QA requirements, such as Medi-Cal programs, MHSA funding is available for new or expanded QA/QI activities that focus on the goals of the MHSA. These activities may be included in the MHSA Administration budget or, if the QA/QI is program-specific, may be included in the budget for the specific program.

8. *When is it allowable to purchase IT hardware?*

Proposed IT hardware may be included as part of the CSS budget for other one-time funding for such things as personal computers, servers and other technology equipment related to the CSS programs included in the county's CSS plan. A county may purchase the IT hardware upon approval of their CSS plan. One-time funds cannot be used to simply replace existing information technology systems, but can be used to cover incremental cost of improving the functionality of the system.

9. *Do the proposed CSS Budgets have to be consistent with annual planning estimates?*

DMH provided annual planning estimates to inform counties of the maximum amount of annual CSS funding available to each county for services in DMH Letter 05-02. It is possible that the sum of the CSS budgets and start-up funding proposed by the county (as described in DMH Letter 05-06) can be less than the annual planning estimates. In any event, the sum of the startup funding and the CSS budget for each year of the three-year plan cannot exceed the cumulative year-to-date planning estimates for the three-year period or the total three-year period FY 2005-06 through FY 2007-08.

10. What is the philosophy of DMH regarding how long an individual should be in a Full Service Partnership?

It is appropriate to discharge someone from an FSP when they and their personal services coordinator agree that they no longer need services from the public mental health system.

11. Is there a way to estimate available funding for developing each of the annual budgets for the CSS Three Year Program and Expenditure Plan?

DMH Letter No. 05-02, dated June 1, 2005, transmitted the Planning Estimates for each county for the first year of the CSS Three Year Program and Expenditure Plan. [Click here](#) for a chart that provides the specific Planning Estimate amounts by county for each of the three years. The increases from the initial Planning Estimates are based on the estimated increases in funding available as specified in the statute. In the event of a projected revenue shortfall, DMH will notify the counties of any change in these Planning Estimates on an annual basis.

12. When can respite services be funded with MHSA funds?

MHSA funds may only be used for respite care when the service is needed by an individual or family who is being served within a Full Service Partnership, the service is consistent with all other CSS MHSA requirements, and the funding for the service cannot be provided when services cannot be paid for with other public or private insurance, other mental health funds, federal, state, or local funds, or mental health entitlement programs such as: Medi-Cal, Child welfare, or Special education programs.

Mental Health Services Act
Community Services and Supports
Planning Estimates for Three-Year Program and Expenditure Plan

Total CSS per Act (In Millions): \$ 376 \$ 379.5 \$ 403.2 % change: 1.0% 5.9%				
County	FY 05-06 Total Annual Planning Estimates	FY 06-07 Total Annual Planning Estimates	FY 07-08 Total Annual Planning Estimates	Total Three- Year Planning Amount
Alameda	\$ 11,035,300	\$ 11,145,798	\$ 11,800,946	\$ 33,982,044
Alpine	252,400	254,927	269,912	777,239
Amador	526,300	531,570	562,815	1,620,685
Butte	1,979,800	1,999,624	2,117,162	6,096,586
Calaveras	603,400	609,442	645,265	1,858,107
Colusa	426,700	430,973	456,305	1,313,978
Contra Costa	7,121,500	7,192,809	7,615,600	21,929,909
Del Norte	470,800	475,514	503,465	1,449,779
El Dorado	1,423,300	1,437,552	1,522,051	4,382,902
Fresno	7,962,400	8,042,129	8,514,843	24,519,372
Glenn	481,300	486,119	514,693	1,482,113
Humboldt	1,281,400	1,294,231	1,370,305	3,945,936
Imperial	1,699,000	1,716,012	1,816,879	5,231,892
Inyo	370,000	373,705	395,671	1,139,376
Kern	6,978,700	7,048,579	7,462,893	21,490,172
Kings	1,496,500	1,511,485	1,600,329	4,608,314
Lake	752,500	760,035	804,710	2,317,245
Lassen	474,700	479,453	507,635	1,461,789
Los Angeles	89,792,800	90,691,911	96,022,760	276,507,471
Madera	1,499,500	1,514,515	1,603,538	4,617,552
Marin	1,710,400	1,727,527	1,829,070	5,266,997
Mariposa	377,200	380,977	403,371	1,161,548
Mendocino	917,500	926,687	981,158	2,825,345
Merced	2,509,000	2,534,123	2,683,078	7,726,201
Modoc	318,700	321,891	340,812	981,403
Mono	353,200	356,737	377,706	1,087,642
Monterey	3,846,700	3,885,218	4,113,590	11,845,508
Napa	1,125,700	1,136,972	1,203,803	3,466,475
Nevada	1,002,400	1,012,437	1,071,948	3,086,785
Orange	25,502,200	25,757,558	27,271,581	78,531,339
Placer	2,261,500	2,284,145	2,418,406	6,964,051
Plumas	388,300	392,188	415,241	1,195,729
Riverside	16,710,700	16,878,027	17,870,114	51,458,841
Sacramento	9,922,000	10,021,351	10,610,403	30,553,754
San Benito	729,700	737,007	780,328	2,247,034

Mental Health Services Act
Community Services and Supports
Planning Estimates for Three-Year Program and Expenditure Plan

San Bernardino	17,168,200	17,340,108	18,359,356	52,867,664
San Diego	25,417,300	25,671,808	27,180,791	78,269,899
San Francisco	5,332,900	5,386,299	5,702,905	16,422,104
San Joaquin	5,589,700	5,645,671	5,977,522	17,212,892
San Luis Obispo	2,294,800	2,317,778	2,454,017	7,066,595
San Mateo	4,972,600	5,022,392	5,317,606	15,312,598
Santa Barbara	3,815,200	3,853,402	4,079,904	11,748,507
Santa Clara	13,387,600	13,521,652	14,316,452	41,225,704
Santa Cruz	2,369,500	2,393,226	2,533,899	7,296,626
Shasta	1,695,400	1,712,376	1,813,029	5,220,806
Sierra	269,200	271,896	287,878	828,973
Siskiyou	582,700	588,535	623,129	1,794,363
Solano	3,226,300	3,258,606	3,450,146	9,935,051
Sonoma	3,704,500	3,741,594	3,961,524	11,407,618
Stanislaus	4,251,400	4,293,970	4,546,369	13,091,739
Sutter	937,600	946,988	1,002,652	2,887,240
Tehama	709,300	716,402	758,512	2,184,215
Trinity	351,700	355,222	376,101	1,083,023
Tulare	4,064,500	4,105,199	4,346,501	12,516,200
Tuolumne	687,100	693,980	734,772	2,115,852
Ventura	6,742,600	6,810,115	7,210,412	20,763,127
Yolo	1,819,900	1,838,123	1,946,167	5,604,190
Yuba	806,500	814,576	862,456	2,483,532
City of Berkeley	250,000	252,503	267,345	769,849
Total	\$ 314,750,000	\$ 317,901,647	\$ 336,587,830	\$ 969,239,477